(Please Print)		
Candidate Name:LAST	FIRST	INITIAL
Exam LocationCI		INITIAL
STATION NAME: F	Station #1 Patient Assessment/Manager	nent – TRAUMA
Scenario # Drawn by Candidate:	* Date://	[ ]Pass [ ]Fail
Examiner Printed	Signature	/ / / / / / Health Cert Lic # Profession
Examiner Printed (If witness Examiner used)	Signature	/ / / Health Cert Lic# Profession
Comments:		

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

FIRST	INITIAL	
	FIRST	FIRST INITIAL

# Station #2 STATION NAME: Patient Assessment/Management - Medical

Scenario # D	rawn by Candi	idate:	* Date:/_	day year	[ ]Pa	ass [ ]Fail
Examiner	Printed	/	Signature		// Health Profession	Cert Lic#
Examiner (If witness Exan	Printed niner used)	/	Signature		// Health Profession	Cert Lic#
Comments:						

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)					
Candida	ate Name:	LAST	FIRST		
		LAST	FIRST	INITIAL	
Exam L	ocation	CITY			
			Station #3		
	STATIO	ON NAME: C	ardiac Arrest Man	agement / AED	
				<b>.</b>	
Scenario # Dra	awn by Can	didate:*	Date:///	[ ]P	ass [ ]Fail
	·		Mo day year	<del>-</del>	
		/		/	1
Examiner	Printed		Signature	Health Profession	Cert Lic#
				Profession	
Examiner	Drintod	/	Signature	// Health	/ Cert Lic#
(If witness Examin			Signature	Profession	Cert Lic#
Comments:					

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)			
Candidate Name:			
	LAST	FIRST	INITIAL
Exam Location			
	CITY		

# Station #4 STATION NAME: <u>Apneic Patient</u> – Bag-Valve-Mask; Assembly and Administration of Supplemental Oxygen

Scenario # D	rawn by Cand	idate:	*	Date:/_	/ day year	[ ]P	ass [ ]Fail
Examiner	Printed			Signature		Health Profession	Cert Lic#
Examiner (If witness Exan	Printed niner used)			Signature		Health Profession	/Cert Lic#
Comments:							

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)					
Candio	date Name:LAS				
	LAS	Γ	FIRST	INITIAL	
Exam	Location	CHTY			
		CHY			
		St	ation #5-A		
(	STATION NAMI	E: Spinal I	mmobilization - SU	PINE PATIENT	
		-			
Scenario # D	rawn by Candidate:	*	Date://	[ ]Pass [	] Fail
			ivio day year		
		/			
Examiner	Printed		Signature	Health Cert Profession	Lic#
		1		1	
Examiner (If witness Exam			Signature	Health Cert Profession	Lic#
Comments:					

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)			
Candidate Name:LA	COTE	FIRST	INITIAL
Exam Location		FIRST	INITIAL
STATION NAM	_	tation #5-B Immobilization - S	EATED PATIENT
Scenario # Drawn by Candidate	e:*	Date: / / / year	[ ]Pass [ ]Fail
Examiner Printed		Signature	Health Cert Lic # Profession
Examiner Printed (If witness Examiner used)		Signature	Health Cert Lic# Profession
Comments:			

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)		
Candidate Name:LAST	FIRST	INITIAL
Exam LocationCIT	Y	
	#6-A: Random Skill Verific Immobilization Skills - Lo	
Scenario # Drawn by Candidate:	* Date:// <sub></sub>	[ ]Pass [ ]Fail
/		1
Examiner Printed	Signature	Health Cert Lic # Profession
///_Examiner Printed	Signature	// Health Cert Lic #
(If witness Examiner used)	C	Profession
Comments:		

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)			
Candidate Name:LAST		FIRST	INITIAL
			INITIAL
Exam Location	CITY		
Statio	n #6 D+ D	andom Skill Verification	<u> </u>
	_	obilization Skills - Joi	
OTATION NA	(IVIE. IIIIII		it iiijai y
Scenario # Drawn by Candidate: _	*	Date: / / / year	[ ]Pass [ ]Fail
	1		1
Examiner Printed	·	Signature	Health Cert Lic # Profession
	1		1
Examiner Printed	·	Signature	Health Cert Lic#
(If witness Examiner used)			Profession
Comments:			

\*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)					
Candio	late Name:	LAST		FIRST	INITIAL
				FIKST	INITIAL
Exam	Location	CITY		_	
5				om Skill Verifi ion Skills – Tr	cation raction Splinting
Scenario # Di	rawn by Cand	lidate:	* Dat	e:// <sub>day</sub> _/ <sub>year</sub>	[ ]Pass [ ]Fail
		/		nature	<u></u>
Examiner	Printed		Sigr	nature	Health Cert Lic # Profession
		1			
Examiner (If witness Exam			Sign	ature	Health Cert Lic# Profession
Comments:					

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)				
Candidate Name:LAST		FIRST	INITIAL	
Exam LocationCI		FIRST	IMHAL	
Station STATION NAME	#6-D: Randor : Bleeding Co			ı
Scenario # Drawn by Candidate:	* Date:			ass [ ]Fail
Examiner Printed	Signat		Health Profession	Cert Lic#
Examiner Printed (If witness Examiner used)	Signatu	re	Health Profession	Cert Lic#
Comments:				

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)					
Candidate Name:		FIRST			
	LAST	FIRST	INITIAL		
Exam Location					
	СПҮ				
		Random Skill Verif irway, Oxygen & Ver			
Scenario # Drawn by Candi	date:	* Date: / / / / year	_ [ ]Pass [	[ ]Pass [ ]Fai	
		Signature			
Examiner Printed		Signature	Health Cer Profession	t Lic#	
	1		1		
Examiner Printed (If witness Examiner used)		Signature		Lic#	
Comments:					

<sup>\*</sup>Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)				
Candidate Name:	LAST	FIRST	INITIAL	
	CITY			
STATION		andom Skill Verificati o Mask with Supplem		
Scenario # Drawn by Car			[ ]Pass [ ]Fail	
Examiner Printed		Signature	Health Cert Lic # Profession	
Examiner Printed (If witness Examiner used)		Signature	// Health Cert Lic# Profession	
Comments:				

Station #6-G: Random Skill Verification

(Please Print)			
Candidate Name: _	LAST	FIRST	INITIAL
Exam Location			
	STATION NAME:	Oxygen Administr	ation
Scenario # Drawn by Ca	ndidate:*	Date: / / year	[ ]Pass [ ]Fail
Examiner Printed		Signature	/ / / / / / / / / / / / / / / / / / /
Examiner Printed (If witness Examiner used)	<u> </u>	Signature	/ / / / / / / / Health Cert Lic #
Comments:			
			-